



# **St. Luke Community Healthcare**

*The **HEART** of the Mission Valley*

December 29, 2009

Julius Genachowski, Chairman  
Federal Communications Commission  
445 Twelfth Street, S.W.  
Eighth Floor  
Washington, DC 20554

Re: NBP Public Notice #17  
GN Docket Nos. 09-47, 09-51, 09-137  
WC Docket No. 02-60

Dear Chairman Genachowski:

On behalf of St. Luke Community Hospital & Nursing Home, a partner in the Health Information Exchange of Montana ("HIEM"), I write to provide our thoughts on the National Broadband Plan. As a participant in the Commission's Rural Health Care Pilot Program, ("RHCPP"), the HIEM has been diligently working through the process of meeting the program's requirements in order to connect numerous health care and educational facilities in northwestern Montana.

To date, we have completed the first stage of constructing the HIEM network, a 185 mile fiber backbone across the Continental Divide, and are now in the process of connecting rural and frontier health care facilities along this backbone. Within the next year HIEM plans to construct additional fiber connections to other rural health care facilities, the University of Montana, Flathead Valley Community College and two tribal colleges.

Access to high-speed broadband will enable HIEM's health care participants to provide rural citizens with high quality health care services comparable to those available in urban areas. Participating educational institutions will utilize the HIEM network for distance learning in their health care education programs; a significant improvement in access for geographically isolated students.

We write today because at this month's open meeting, the Commission's Broadband Task Force identified the possible extension, and expansion of the RHCPP. For this, we thank the Commission and wholeheartedly support extending the program. The RHCPP represents a critical and meaningful first step in filling enormous telecommunications needs in rural America that HIEM and others face. As a participant in the RHCPP, we offer the following suggestions for the RHCPP going forward.

### **Extend the June 2010 Deadline**

On December 7, 2009, HIEM filed with the Commission a request for a one year extension of the June 2010 funding deadline for the program and we strongly encourage your approval. Without this extension it is unlikely that HIEM can commit all of its award funds by the June 2010 deadline and critical infrastructure needs will remain unmet. By extending the June 2010 deadline, the Commission will ensure that HIEM has the best opportunity to meet all of the program goals, invest all committed funding, and fully construct the network that it has now begun.

### **Make the RHCPP Permanent**

Until rural health care hospitals and clinics have access to broadband facilities that are reasonably comparable to those available in urban areas, the RHCPP should continue.

HIEM originally requested over \$27 million to complete a fiber build out in frontier northwestern Montana. The initial program award covered half that amount. There's plenty more for us to do and there are no reasonable alternatives. Until the RHCPP came along, health care facilities in remote areas of Montana had no opportunity to access a high-speed connection to regional referral centers to enable distance medicine and learning.

For our educational and health care members, the RHCPP represents the most effective telecommunications outreach program ever attempted in this area, and there are literally thousands of people here who are depending on the continuation of this program to deliver meaningful improvements in health care. Most of these people don't know today how important a remote X-Ray, MRI, or other diagnostic tool will be to them, until the day comes when they need it.

Making the RHCPP program permanent is going to save lives and significantly improve the quality of health care for millions of rural/frontier Americans, and the benefits will multiply over time as broadband connections play an increasing role in rural health care outcomes.

### **Modifying the Required Match**

One of the most challenging aspects of this program is the required 15% cash match. While ensuring that participants have some "skin in the game" is important, rural and frontier health care providers experience significant hurdles in securing cash resources to investing in these types of infrastructure improvements, particularly given the competing demands for investment of any available resources. In addition, the FCC's rules limit the pool of entities that can contribute the match. In many rural areas, including Montana, any limitation can be significant simply because there are not many

entities in our frontier region that can contribute the roughly \$2.5 million needed for HIEM's award.

An additional challenge is created by requiring the entire match to be in cash. We note here that hospitals, health care providers, and educational institutions in our area participate in many other government programs for other purposes, and many if not most of those programs allow at least a portion of the matching funds to be in-kind contributions.

St. Luke Community Hospital & Nursing Home endorses HIEM's proposal to modify this 15% cash hurdle if the existing pilot program is extended. Specifically, the HIEM suggests that the match be reduced to ten percent (10%) and that up to half of that amount (5%) may be in-kind contributions from one or more eligible entities. This will provide substantial additional flexibility for program participants to meet the match, while maintaining program integrity.

In closing, I want to reiterate how important the RHCPP has been for the people of northwestern Montana. We are on the verge of a significant breakthrough in how health care services are delivered, and our ability to have access to such modern telecommunications infrastructure would have been impossible without this program.

Accordingly, on behalf of St. Luke Community Hospital & Nursing Home, we thank the Commission for this program, for the opportunity to participate in it, and for your continuing support. We urge the Commission to continue the program until all rural Americans have access to the benefits of modern health care that are today available in our urban areas.

Sincerely,

A handwritten signature in black ink, reading "Steven J. Todd". The signature is written in a cursive, flowing style.

Steven J. Todd  
Chief Operating Officer